

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/869993**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1	/						51	/					
2		/					52	/	/				
3			/				53	/					
4		/					54		/				
5			/				55		/	/			
6		/					56		/				
7	/						57		/	/			
8		/					58	/					
9			/				59		/				
10		/					60		/				
11	/						61		/				
12		/					62		/	/			
13			/				63						
14		/					64						
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41		/					91						
42	/						92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	13	↓		↓		↓
TOTAL DEP.							TOTAL DEP.	49					
TOTAL CLAIMS							TOTAL CLAIMS	62					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS